

<i>SERFF Tracking Number:</i>	<i>FRCS-127131144</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48602</i>
<i>Company Tracking Number:</i>	<i>5521</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Part 2 Application</i>		
<i>Project Name/Number:</i>	<i>AAA/84/84</i>		

Filing at a Glance

Company: AAA Life Insurance Company

Product Name: Part 2 Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRCS-127131144 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 5521

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Jana Finlay, Kevin Wiggs

Disposition Date: 05/03/2011

Date Submitted: 04/27/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AAA/84

Project Number: 84

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kevin Wiggs

Filing Description:

We have been retained by AAA Life Insurance Company to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This filing has not
yet been submitted to the domicile state (MI).

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/03/2011

State Status Changed: 05/03/2011

Created By: Kevin Wiggs

Corresponding Filing Tracking Number:

We are submitting the enclosed form on behalf of AAA Life Insurance Company ("AAA Life" or "the Company") for your review and approval. It is being submitted in final printed format; however, AAA Life reserves the right to change fonts, layouts, or company logo/address. AAA Life certifies that the font size will never be less than the minimum 10-point as required by your state. Once approved, this form will be marketed on a general basis through both the Company's American Automobile Association Clubs and independent agents. No part of this filing contains any unusual or possibly

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controversial items from normal Company or industry standards.

Upon approval and implementation, this application will replace Part 2 application form LF80202APP, which was approved by your Department on 1/28/2011 (SERFF Tracking # FRCS-126987253, your state file number 47802). This form is similar to the prior approved form, subject to the changes noted below. These modifications do not materially change the questions; however the Company has re-arranged a few of the questions, and removed some ambiguous wording or reduced the look-back period for certain questions. The modifications are as follows:

On Page 1:

1. The Company has added the word 'Individual' to title of form, for purposes of clarification. This was revised on all 3 pages of the form.
2. The Company has added a new question under 'PROPOSED INSURED INFORMATION':
"Are you employed by the Armed Forces or are you a member of the Reserves? _Yes _No"
3. For purposes of clarification, the Company has re-worded the first question to read:
"1. Heart disorder, including chest pain, circulatory disorder, high blood pressure or elevated lipids (cholesterol or triglycerides)?"

On Page 2:

1. Moved question 19 to "Additional Information", renumbered & revised to read:
"24. Do you consume alcoholic beverages?"
2. The Company renumbered the subsequent question from 20 to 19.
3. Moved question 21 to Additional information, renumbered & revised to read:
"25. Have you in the past 5 years been convicted of driving under the influence of alcohol or drugs, reckless driving, had your license denied, suspended or revoked, or been ticketed for a moving violation?"
(Note, this changes the look-back from 7 to 5 years.)
4. The Company renumbered the subsequent question from 22. to 20, and questions 23, 24 & 25 were renumbered appropriately to 21., 22. & 23.
5. The Company revised wording for question 22 (formerly q 24) to delete "medical investigations". Revised question now reads:
"22. Been advised to have surgery, testing or hospital care not already mentioned?"
6. Finally, the Company has reworded question 26, under "Additional Information" to read:

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“26. Have you, in the past 2 years, been treated, examined or advised by a member of the medical profession or been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test (except those tests related to the HIV Virus)?”

This Part 2 application will be completed via a telephone interview performed by a third party vendor, representatives of whom are licensed agents and have been appointed by AAA Life. The applicant's voice signature will be obtained for Part 2.

The interview begins with an explanation to the applicant about the process. During this part of the interview, the applicant is informed that the entire interview will be recorded. The identity of the interviewee is verified, and a few general questions are asked. The second part of the interview includes the underwriting/medical questions appearing on the application.

The applicant is given the choice of providing a voice signature, or receiving a hard copy of Part 2 for them to sign. In all cases, Part 2 of the application is attached to and becomes a part of the issued Policy, along with Part 1 of the application. The applicant therefore has a final chance to review all responses to the application a final time.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist	kevin.wiggs@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2736 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

Filing Company Information

(This filing was made by a third party - FC01)

AAA Life Insurance Company	CoCode: 71854	State of Domicile: Michigan
17250 Newburgh Road	Group Code:	Company Type:
Livonia, MI 48152	Group Name:	State ID Number:
(734) 805-2958 ext. [Phone]	FEIN Number: 52-0891929	

<i>SERFF Tracking Number:</i>	<i>FRCS-127131144</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR fee of \$50 per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AAA Life Insurance Company	\$50.00	04/27/2011	47012953

SERFF Tracking Number: *FRCS-127131144*

State: *Arkansas*

Filing Company: *AAA Life Insurance Company*

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Company Tracking Number: *5521*

TOI: *L08 Life - Other*

Sub-TOI: *L08.000 Life - Other*

Product Name: *Part 2 Application*

Project Name/Number: *AAA/84/84*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/03/2011	05/03/2011

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State: Arkansas

Filing Company: AAA Life Insurance Company

State Tracking Number: 48602

Company Tracking Number: 5521

TOI: L08 Life - Other

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Product Name: Part 2 Application

Project Name/Number: AAA/84/84

Disposition

Disposition Date: 05/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Individual Life Insurance Application (Part 2)		Yes

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Form Schedule

Lead Form Number: LF80202APPr

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LF80202APPr	Application/ Enrollment Form	Individual Life Insurance Application (Part 2)	Initial		50.100	LF80202APPr Non-Compact Part 2_john doe.pdf



Application for Individual Life Insurance

Part 2

[App ID:]

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

PROPOSED INSURED INFORMATION

Full Legal Name John Doe		Social Security Number 123-45-6789
State/Country of Birth Any Country	U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visa Type	Visa Number	OR Alien Registration (Green Card) Number
Employer Name ABC Employer		Employer Address 123 Any Street, Any City
Is this business coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If applicable, list Partners' Total Insurance Coverage:	Are you employed by the Armed Forces or are you a member of the Reserves? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IF PROPOSED INSURED HAS NO EARNED INCOME (OR IS A MINOR):

Spouse's/Parent's Annual Income \$ 100,000	Total Life Insurance Coverage on Spouse/Parent \$ 100,000
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IF PROPOSED INSURED IS A MINOR OR CHILD:

Does Father Have Life Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Total Coverage \$100,000
Does Mother Have Life Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Total Coverage \$100,000
Do All Siblings Have Life Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Total Coverage for Each Sibling \$100,000

MEDICAL AND UNDERWRITING INFORMATION FOR PROPOSED INSURED

Primary Care Physician Name, Address, and Phone Number Any Physician, 123 Any Street, Any City			
Height 6 ft 0 in	Weight 200 lbs	In the last 12 months, have you lost more than 20 pounds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you ever been diagnosed, treated, or advised to seek treatment by a member of the medical profession for:			
1. Heart disorder, including chest pain, circulatory disorder, high blood pressure or elevated lipids (cholesterol or triglycerides)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
2. Stroke, Transient Ischemic Attack (TIA or mini-stroke), or seizure?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
3. Diabetes, thyroid disorder, pancreatic disorder, liver disorder including, but not limited to, hepatitis, or kidney disorder?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
4. Lung or chronic respiratory disorder including, but not limited to, sleep apnea or asthma?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
5. Cancer or tumor, cyst, or growth?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
6. Rheumatoid Arthritis, Lupus, Multiple Sclerosis, or other autoimmune or connective tissue disorder?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
7. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or HIV (Human Immunodeficiency Virus) infection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
Have you ever:			
8. Had a parent or sibling diagnosed or treated by a member of the medical profession for heart disease, cancer, or diabetes?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
9. Had a parent or sibling diagnosed or treated by a member of the medical profession for Polycystic Kidney disease or Huntington's disease?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
10. Been denied coverage or rated an extra premium for life insurance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	
11. Been arrested, charged, or convicted of a felony or misdemeanor other than a traffic violation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [<input type="checkbox"/> N/A]	



Application for Individual Life Insurance

Part 2

[App ID:]

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

REMARKS CONTINUED

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be used to determine if coverage will be issued and will be attached to and made a part of the insurance policy issued.

Signed at (City and State) Any City, Any State	Date 1/1/2011
Signature of Proposed Insured John Doe	Signature of Owner <i>(If Other Than Proposed Insured)</i>
Signature of Parent or Legal Guardian <i>(If Proposed Insured is a Minor)</i>	

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachments:		
AR CoC.pdf		
AR RDB.pdf		
Auth_AAA_2011.pdf		

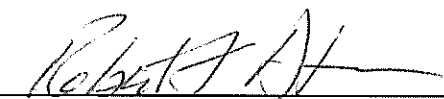
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: AAA Life Insurance Company

Form Title(s): Individual Life Insurance Application (Part 2)

Form Number(s): LF80202APPr

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Robert J. Dotson
Vice President, Secretary and General Counsel

April 20, 2011

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: AAA Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
LF80202APPr	50.1



Robert J. Dotson
Vice President, Secretary and General Counsel

April 20, 2011

Date



Robert J. Dotson
Vice President
General Counsel & Secretary
Chief Compliance Officer

17900 N. Laurel Park Drive
Livonia, Michigan 48152
Phone: 734-779-2606
Fax: 734-805-6254
rdotson@aaalife.com

January 12, 2011

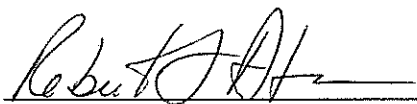
To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

AAA Life Insurance Company

By: 

Title: Vice President, General Counsel
and Secretary